

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ML		05-04-01
O.I.P.E. CLASSIFIER		21	5/29/01
FORMALITY REVIEW	H-S	866	06-26-01
RESPONSE FORMALITY REVIEW	TA	861113	10-4-01

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/18/02
2	✓	✓	12/18/02
3	✓	✓	12/18/02
4	✓	✓	12/18/02
5	✓	✓	12/18/02
6	✓	✓	12/18/02
7	✓	✓	12/18/02
8	✓	✓	12/18/02
9	✓	✓	12/18/02
10	✓	✓	12/18/02
11	✓	✓	12/18/02
12	✓	✓	12/18/02
13	✓	✓	12/18/02
14	✓	✓	12/18/02
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20	✓	✓	12/18/02
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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H-5  
 5/27  
 4876  
 5/24/01